



CITY OF SANFORD

RESIDENTIAL Application for Utility Service

PO Box 2847 Sanford, FL 32772-2847 (407) 688-5100 Fax (407) 688-5114

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAIDEN NAME		
SERVICE ADDRESS		TURN ON DATE
MAILING ADDRESS <i>If different from Service Address</i>	STATE	ZIP CODE
HOME PHONE	ALTERNATE PHONE	
Single-Family Residence _____		Multi-Family Residence _____
DRIVER LICENSE #	STATE	
EMPLOYER		
OWNER OF PROPERTY/ LANDLORD		TELEPHONE

I am applying for City of Sanford Utility Service at the above address. I agree to follow all City rules for utility service and to pay charges in effect at the time of delivery. In order to transfer my deposit to another, the new applicant must provide proper identification and any outstanding charges must be paid at the time.

When transferring my deposit to another service address I must pay all outstanding charges. I am also responsible for making sure that all faucets are turned off in the home before the services is established. The City is **NOT** liable for damages caused by water faucets or outlets left on.

I understand that non-payment of my account will stop service.

(_____) **I request the City of Sanford to run my credit report in regards to establishing Utility service.****

****Opting to have the City of Sanford run your credit report authorizes the City to pull a model report through Transunion. This is considered a "hard" inquiry. It will appear on your credit report for a minimum of two (2) years. This inquiry may or may not affect your credit score.**

Social Security # _____ - _____ - _____

SIGNATURE	DATE
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OFFICE USE ONLY

Pay Deposit	\$ _____	Waive Deposit	_____
Deposit Amount	\$ _____	Customer #	_____
Application Fee		Location Id	_____
(Non-Refundable)	\$ 35.00	RC Location ID	_____
Other Fee's	\$ _____	Last Bill Read	_____
Total Amount	\$ _____	Current Reading	_____

Please Note: When mailing by **FedEx** or **UPS** please send to:

Utility Department
Customer Service
300 N. Park Avenue, Sanford FL 32771